



NOTICE

This **Mortgage Lender/Broker Application for Additional Office** is conveniently provided to you in a user-friendly **Interactive Format**. The application **CAN** be **COMPLETED** online but **CANNOT** be submitted electronically at this time. You **must** print out the completed form and submit it with all required documentation and information requested in the application and instructions document.

REMINDER: Applicants should read the Initial License and Renewal [instructions](#) in their entirety before completing the application.

Should you encounter any problems completing the application form online, please contact us with questions or feedback. We encourage users to contact us by [email](#), or by contacting the number listed on the application.

Scroll down to begin



DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
BANKING BUREAU
PO Box 96378
Washington, D.C. 20090-6378

OFFICIAL USE
ONLY

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: www.disb.dc.gov

NON-DEPOSITORY
MORTGAGE LENDER/BROKER – APPLICATION FOR ADDITIONAL OFFICE

IMPORTANT: This application is available on our website at www.disb.dc.gov in an interactive format. The form **CAN be COMPLETED** online but **CANNOT** be submitted electronically at this time. You **MUST** print out the completed form and follow the initial or renewal license instructions explicitly in the preparation and filing of this application. **The Initial and Renewal license instructions are an integral part of the application.** With the exception of signatures, all responses **must** be **typed** or **printed** legibly in dark ink. Enter "N/A", "None", or "No" where applicable. If additional space is needed to respond to a question, complete the response on a separate sheet of paper and clearly reference the section and item number.

INCOMPLETE, ILLEGIBLE, WHITED OUT OR FAXED APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING. THE APPLICATION WILL BE RETURNED TO THE APPLICANT TO BE COMPLETED AND RE-SUBMITTED.

SECTION 1 – LICENSE TYPE AND FEES: – Select One (1) ONLY and complete. Make check payable to the DC Treasurer.

MORTGAGE – Broker License <input type="checkbox"/> New Broker License - \$1,100 <input type="checkbox"/> Renew Broker License - \$900	MORTGAGE – Lender License <input type="checkbox"/> New Lender License - \$1,200 <input type="checkbox"/> Renew Lender License - \$1,000	MORTGAGE – Broker and Lender (Dual Authority License) <input type="checkbox"/> New Dual Authority license - \$1,300 <input type="checkbox"/> Renew Dual Authority license - \$1,200
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SECTION 2 – EXISTING LICENSEE BUSINESS INFORMATION

1. **APPLICANTS MAIN OFFICE LICENSE NUMBER** – Not applicable if submitted with an Initial License Application _____

Full Legal Name of APPLICANT: _____

D/B/A, or Assumed name, if any: _____

FEIN or SS Number: _____

Applicant's MAIN office address: _____

City: _____	State: _____	Zip: _____
Phone #: _____	Fax #: _____	Email Address: _____

SECTION 3 – ADDITIONAL OFFICE PROFILE

1. **ADDITIONAL OFFICE LICENSE NUMBER** – Not applicable if submitted with an Initial License Application _____

Full Legal Name of Office to be Licensed or Re-licensed: _____

D/B/A, if applicable: _____

Address of office to be licensed: _____

City: _____	State: _____	Zip: _____
Phone #: () - _____	Fax #: () - _____	Email Address: _____

2. **Certified Registered Agent:**
Important: A Certified Resident Agent is **required** for any Applicant who is a **non-resident** of the District of Columbia. (Refer to the Certified Registered Agent Requirement in the Initial or Renewal instructions)

Official Books and Records will be kept at the following address: Is this a Company or Affiliate location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Title: _____	Name & Title: _____
Street Address: _____	Street Address: _____
City: WASHINGTON	City: _____
State: DC	State: _____
Zip Code: _____	Zip Code: _____
Phone #: () - _____	Phone #: () - _____
Fax: () - _____	Fax: () - _____
Email Address: _____	Email Address: _____
Person authorized to respond to Regulatory and Compliance issues: _____	Person authorized to respond to Consumer Complaints : _____
Name and Title: _____	Name and Title: _____
Street Address: _____	Street Address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	Zip Code: _____
Phone #: () - _____	Phone #: () - _____
Fax: () - _____	Fax: () - _____
Email Address: _____	Email Address: _____

